State of Connecticut





Special Contaminated Property Remediation and Insurance Fund

Pre-Application

The Special Contaminated Property Remediation and Insurance Fund
The Department of Economic & Community Development
505 Hudson Street, Hartford, CT 06106
TEL: (860) 270-8141

FAX: (860) 270-8141

SCPRIF Pre-Application

Instructions

There are five steps to completing and submitting the SCPRIF Pre-Application to determine eligibility for funds.

- 1. Complete the attached Pre-Application Form
- 2. Prepare a Project Narrative (two pages maximum)
 - ☐ Briefly summarize:
 - Location of site
 - Total number of properties within the redevelopment site and acreage of each
 - Current and, if possible, previous land use
 - Zone of each parcel according to local zoning regulations
 - Identify the properties targeted for SCPRIF funding if the entire site is not targeted
 - Name(s) and address(es) of owner(s) of each property
 - Total number of buildings and square footage of each
 - Average age of buildings
 - Characteristics of the surrounding neighborhood
 - Explain the purpose and need for SCPRIF funding.
 Describe the anticipated redevelopment of the site and specify whether it will involve rehabilitation or demolition of existing structures.
 Discuss your approach for: 1) determining whether the site can be redeveloped, and 2) determining if the site is marketable.
 - Describe your interest in the property if you are not the owner.
 - Outline the schedule for performing the SCPRIF funded activities.
- 3. Provide a Project Location Map: Attach a 8½" x 11" USGS quadrangle map outlining the site. Identify the quadrangle and nearest cross street in the lower right corner. An assessor's map or maps showing the property boundaries and the nearest cross street may be substituted.
- **4. Provide a Site Plan Map:** If available, include proposed site plans or concept plans illustrating the proposed use of the site.
- **5. Submit Required Information:** The original and 10 copies of the SCPRIF Pre-Application should be submitted to:

Marie E. McGuinness, P.E., A.I.C.P.
CT Department of Economic & Community Development
Infrastructure & Real Estate Division
505 Hudson St.
Hartford, CT 06106
Tel: 860/270-8148 Fax: 860/270-8157
Email: marie.mcguinness@po.state.ct.us
Web: www.state.ct.us/ecd

Response Time: Based on the date of receipt and the Advisory Board's meeting schedule, you can expect to receive a notice of eligibility regarding an invitation to submit a Full Application within 30 days.

Pre-Application Form



1. 2.	Project Name: Project Address:		
3.	Applicant: Name: Address:		
	Municipality/Organization:		
	□ C	Municipality Property Owner Other Public Agency Other (Specify):	
4.	Municipality/Organization:Address:		
5.	City/Town:	nt than Applicant):	
6.	Owner (if different than App Legal Name: Contact: Address: City/Town: Tel: Fax E-Mail:	licant):	

Pre-Application Form (Continued)



7.	Access/Owner Interest		
	Is the site currently occupied? Are the owners willing participants in the redevelopment effort? Do you currently have access to the site?	Yes	No □ □
		_	_
8.	Environmental Information		
	What environmental information specific to the site leads you to be investigations need to be done?	lieve that e	nvironmental
	 □ Phase I completed by environmental consultant □ Phase II completed by environmental consultant □ Commercially available electronic file search with review by e □ Other: 	nvironmen	tal consultant
	Are any properties within the redevelopment site the subject	Yes	No
	of an outstanding State of Connecticut DEP order?		
	Is the site listed on any state or federal hazardous site inventory? If Yes, list:		
9.	Financial Information		
	Phase II Assessment \$ \$ \$ Phase III Investigation \$ \$ \$ \$	unt Request	
	Total Funding Requested: \$		_

Pre-Application Form (Continued)



9. Financial Information (Continued)

•	Current Assessment:		
•	Tax Lien Status:		
•	Expected Value after Remediation:		
•	Estimated Remediation Costs:		
•	Estimated Redevelopment Costs:		
	Applicant Certification		
	I, the undersigned, hereby certify that the information included in this submission is substantially correct. The SCPRIF Advisory Board reserves the right to disqualify applications that include misleading information.		
	Applicant Name:		
	Title:		
	Signature:		
	-		
	Date:		
Тс	be completed by DECD:		